

**APPLICATION TO OBTAIN SERVICE CREDIT
FOR
MATERNITY LEAVE WITHOUT PAY**

Employees' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

MEMBER INFORMATION

Full Name _____
First Middle or Maiden Last

Date of Birth _____ Social Security Number _____ - _____ -

Home Address _____
Street or P.O. Box

City State Zip Code + 4

Present Employer _____

To the Member: to file a claim for purchase of retirement service credit for maternity leave without pay, please complete the **Member Information** section of this form. Also, have the **Employer Certification** section completed by the employer that granted the maternity leave without pay; and return the form to the Employees' Retirement System. A member may purchase credit for up to one year for any period of maternity leave without pay provided the following conditions are met:

1. Member must be active and contributing to the Employees' Retirement System at the time of purchase.
2. Member shall not be eligible for credit for time already credited in the Employees' Retirement System or any other retirement plan, except for the federal Social Security program.
3. Member must pay the full actuarially required cost for the service credit as determined by the actuary for the System.
4. For maternity leave ending on or before December 31, 1999, payment must be made no later than September 30, 2000. For maternity leave ending on or after January 1, 2000, payment must be made no later than June 30 of the calendar year following the end of the maternity leave.

EMPLOYER CERTIFICATION

Dates of maternity leave without pay: _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

Note: If more than one period of maternity leave without pay, please provide a breakdown by attached certified documentation.

Employee Job Classification _____

Employing Institution _____

Signature of Certifying Official _____ Date _____

Official Title _____